7/2/2024

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

Clerk, U.S. Courts District of Montana Great Falls Division

You must fill in this blank. See Instruction H)

The (national) omp Kermit TY

(Write the full name of the plaintiff who is filing this complaint and prisoner number, if any.)

Plaintiff,

-against-

(Write the full name(s) of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here and do not use et al.)

Defendants.

Case No. (to be filled in by the Clerk's Office)

COMPLAINT

(Pro Se Prisoner)

Jury Trial Demanded

NOTICE

Federal Rules of Civil Frocedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Prisoner Complaint Form Plaintiff's Last Name

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INSTRUCTIONS

- 1. Use this form to file a civil complaint with the United States District Court for the District of Montana. Include only counts/causes of action and facts not legal arguments or citations. You may attach additional pages where necessary. Your complaint must be typed or legibly handwritten in ink and on white paper. Write on only one side of the paper. Do not use highlighters and do not staple or otherwise bind your papers. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). You must sign the complaint (see page 8). Your signature need not be notarized but it must be an original and not a copy. The Clerk's Office cannot provide you copies of documents in your file without prepayment of \$0.10 per page (for documents electronically available) or \$0.50 (for documents not electronically available). Please keep a copy of the documents you send to the Court.
- 2. The filing fee for a complaint is \$350.00 plus a \$50.00 administrative fee for a total of \$400.00. This amount is set by Congress and cannot be changed by the Court. If you pay the filing fee, you will be responsible for serving the complaint on each defendant and any costs associated with such service.
- 3. If you are unable to prepay the entire filing fee and service costs for this action, you may file a motion to proceed in forma pauperis. If you are a prisoner and your motion to proceed in forma pauperis is granted, the Court will assess an initial partial filing fee equal to 20% of the average monthly deposits to your prison account for the six months immediately preceding the filing of the action, or 20% of the average monthly balance in your prison account for the same six-month period, whichever is greater. Thereafter, the balance of the \$350.00 filing fee will be collected in installments equal to 20% of your preceding month's income any time the amount in your account exceeds \$10.00. The \$50.00 administrative fee does not apply to persons granted in forma pauperis status. You will be required to continue making these payments even if you complaint is dismissed.
- 4. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee must be reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). The Court will dismiss your complaint before it is served on the defendants if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief may be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages. After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.

Prisoner Complaint Form Plaintiff's Last Name



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I. Parti	es to this Complaint
A.	Plaintiff Name: Keinit Ty Poulson
	All other names by which you have been known:
	- nont
	ID Number:
	Current Institution:
	Address: 132 IST AVE W.
	Missaula, MT 59801
Indicate wh	hether you are a prisoner or other confined person as follows (check all that apply):
	□ Pretrial detainee
	□ Civilly committed detainee
	☐ Immigration detainee
	□ Convicted and sentenced state prisoner
	□ Convicted and sentenced federal prisoner
	Other (explain)
В.	Defendant(s)
	Provide the information below for each defendant named in the complain
	whether the defendant is an individual, a government agency, an
	organization, or a corporation. Make sure that the defendant(s) listed
	below are identical to those contained in the above caption. For an
	individual defendant, include the person's job or title (if known) and che
	whether you are bringing this complaint against them in their individual
	capacity or official capacity, or both. Attach additional pages if needed.
Defer	ndant No. 1:
	Name: Judge Dana L. Christiansen
	Job or Title:
	Employer: US. Federal Government.
	Address: 8537
	Helena, MT 59626
	Individual capacity

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Defendant :		Tudas	П - 1	· pli	1.1
		- And DE	TIEIC	1 Ulbing	NT
	or Title:	-	2096 6	75-175-125 O 252	
	ployer:		And		6 over a mar
Ado	lress:	312 15	TIVE	_E	
	819	Kalispel	MJ	5990	1
	M Indiv	vidual capacity	X	Official capacity	
Defendant ?	No. 3:				
Nar	ne:	<u></u>			8
Job	or Title:	î <u>c</u>		7.	
Em	ployer:	-			
Ado	lress:				
	□ Indiv	vidual capacity		Official capacity	N.
Defendant 1	No. 4:	_ ,		•	题
Nar	ne:				
Job	or Title:	Estate Control of the			
	ployer:				
•	lress:	***************************************			
1140	H 000.	\$			
	□ Indiv	vidual capacity		Official capacity	
		eeded to furnish th			

II. Basis for Jurisdiction

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).



42 U.S.C. § 1983 (state, county, or municipal defendants)



Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

Prisoner Compl	aint Form
Plaintiff's Last	Name

III. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph.

A. Count I:

1. What federal constitutional or statutory right(s) do you claim is/are being violated by defendants? Biases hat date and approximate time did the events giving rise to your claim(s) Paulsonk occur? march 11, 2020 Lawsoit against Heid Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe what happened without citing legal arguments, cases, or statutes). Instructed peg allison to "Refurn HART ippled retarois money to tim. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did CHNSTANSEL not do to allegedly cause your injury). UIDICHT "DOU Son 40 DID NOT. In The premous Lawsuitagainst Herdi Hat Hale DID THE Ulson DID NOT KNOW or was He (NOTE: For each additional claim, use a blank sheet labeled OF CLAIMS." You must address paragraphs III(A)(1-4) for each count., following the

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directions under paragraph III.

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IV.	Inj	uries
_ , .		

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. (Do not cite legal arguments, cases, or statutes). Attach additional pages if needed.

Deformation of character and UBI and Slander By Herd, Ulbrath, and Dana (NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. OISMISSAL OF FEWERAL IN DICTIMENT ASSAL FOR MORAL AND DISMISSAL OF FEWERAL WAS PRIMARINE TO POURSON PAIN AND GROWENDE TO SUBJECT OF THE STATE OF TH

VI. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

□ Yes 🔄 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have

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Plaintiff's Last Name
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		a griev	ance proced	ure?			
			Yes		No	A	Do not know
	C.			conce			or other correctional facility where ating to this complaint?
			1 68	•		-	140
, e	D.	If you 1.	did file a gri Where did				ring questions:
		2.	What did y	ou clai	m in your	grievano	ee?
			•			B	
		3.	What was 1	he resi	ult, if any?	?	
		4			-		
							×
		4.	process con	nplete he high	d? If not, hest level o	explain v	ppeal that decision? Is the grievance why not. (Describe all efforts to evance process.)
		Po	ulson	A	ppea	rls	DISMISSAL BY
	Е.	If you 1.	did not file	a griev	ance, ansv	ver the fo	PISMISSAI BY NSTAVSEN TO THE following questions: MT, Sup, core not file a grievance, state them here:
		2.		ot file	a grievan	ce but yo	ou did inform officials of your claim, now, and their response, if any:
8	F.		set forth an	y addit	ional info		hat is relevant to the exhaustion of
i¥						Nen	_ e
(NOT	E: You	may att	tach as exhil	bits to	this compl		documents related to the exhaustion of

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your administrative remedies.)

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VII. Plaintiff's Declaration

- Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
- I understand I must keep the Court informed of my current mailing address and В. my failure to do so may result in dismissal of this Complaint without notice to me.
- C. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:
 - social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
 - birth dates must include the year of birth only (e.g., xx/xx/2001); and
 - names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information.

- D. I understand the submission of a false statement or answer to any question in this complaint may subject me to penalties for perjury. I declare under penalty of perjury that I am the Plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.
- E. This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

10	Executed at	on <u>6/24</u> (Date)	, 20 24.
	Signature of Plaintiff:	1. 77 Paul	3 yr
	City	State	Zip Code
	oner Complaint Form ntiff's Last Name	en -	(Revised June 2018) Page 9 of 9